

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Serial No.: 10/560,889 Confirmation No.: 3655
Applicant: Ronald AUNG-DIN
Filed: May 15, 2006
Art Unit: 1627
Examiner: Kara Renita McMillian
For: **TOPICAL THERAPY FOR THE TREATMENT OF MIGRANES, MUSCLE SPRAINS, MUSCLE SPASMS, SPASTICITY AND RELATED CONDITIONS**
Attorney Docket No.: 523.1006US
Customer No.: 23280

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

December 10, 2010

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Sir:

In accordance with the provisions of 37 C.F.R. § 1.97, Applicant hereby makes of record the documents listed on the accompanying Form PTO-1449 (1 sheet) for consideration by the Examiner in connection with the examination of the above-identified patent application.

It is respectfully requested that the references cited in the accompanying Form PTO-1449 be considered and made of record. Pursuant to the waiver of the requirement under 37 C.F.R. § 1.98(a)(2)(i) for submitting a copy of each cited U.S. patent and each U.S. patent application publication for all U.S. national patent applications filed after June 30, 2003, copies of the cited U.S. patents and U.S. patent application publications are not enclosed. Pursuant to 37 C.F.R. § 1.98(a), copies of the document cited in the OTHER REFERENCES section on the accompanying Form PTO-1449 (1 sheet) is enclosed.

This Information Disclosure Statement is not to be construed as a representation that the information cited in the accompanying PTO-1449 form is material to the examination of this application.

If it is determined that any of the listed references are not presently enclosed, the Examiner is requested to contact the undersigned so that a copy can be promptly forwarded.

This Information Disclosure Statement is filed under 37 C.F.R. §1.97(c), "before the mailing date of any final action under § 1.114," and is accompanied by the requisite fee of \$180.00 as set forth in § 1.17(p). If it is determined that any additional fee is due or an overpayment has been made in connection with the filing of this Information Disclosure Statement, the Examiner is authorized to charge said fee or to credit said overpayment to Attorney Deposit Account No. 50-0552.

Respectfully submitted,
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